

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/500,795-Conf. #8669
Filing Date	December 3, 2004
First Named Inventor	Wenbin Dang
Art Unit	1618
Examiner Name	P.W. Dickinson
Attorney Docket Number	GPT-030.01

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;  
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or  
☒ the practitioners of record associated with Customer Number: 29755

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- ☐ 10.40(b)(1)      ☐ 10.40(b)(2)      ☐ 10.40(b)(3)      ☒ 10.40(b)(4)  
☐ 10.40(c)(1)(i)      ☐ 10.40(c)(1)(ii)      ☐ 10.40(c)(1)(iii)      ☐ 10.40(c)(1)(iv)  
☐ 10.40(c)(1)(v)      ☐ 10.40(c)(1)(vi)      ☐ 10.40(c)(2)      ☐ 10.40(c)(3)  
☐ 10.40(c)(4)      ☐ 10.40(c)(5)      ☐ 10.40(c)(6) Please explain below:

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☒ Inventor or  
Assignee Name      Eisai Inc.

Address

Attention: Aaron L. Schwartz, 4 Corporate Drive

City	Andover	State	MA	Zip	01810-2441	Country
Telephone	978-794-1117			Email	Aaron_Schwartz@eisai.com	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Dana M. Gordon/
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Name	Dana M. Gordon	Registration No.	44,719
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Address      Foley Hoag LLP  
155 Seaport Blvd

City	Boston	State	MA	Zip	02210	Country	US
Date	November 19, 2010				Telephone No.	(617) 832-1000	

*NOTE: Withdrawal is effective when approved rather than when received.*